

RFP F09603-01-R-70306
ATTACHMENT 1

Present/Past Performance "FACTS Sheet"
(TO BE COMPLETED BY OFFEROR)

Request the offeror complete a separate FACTS Sheet for each relevant contract. See Clause L-900 of this RFP for detailed instructions and limits on number and recency of contracts. Offeror is requested to provide frank, concise comments regarding present/past performance on the program identified in B. below.

- A. OFFEROR: (Including: (1) Name (Company/Division), (2) Address: (3) CAGE Code)
- B. PROGRAM TITLE and CONTRACT NUMBER:
- C. NAME OF CONTRACTING ACTIVITY OR CUSTOMER:
- D. CONTRACT TYPE(S) – PLEASE LIST ALL THAT APPLY (firm fixed price, time & materials, etc.)
- E. CONTRACT \$ VALUE:
1. Original contract \$ value and current \$ value:
 2. Estimated value at completion and primary causes of changes:
 3. If Award Fee Contract, what percentages of the fee have been awarded in each of last 3 years?:

- F. BRIEF DESCRIPTION OF EFFORT AS: PRIME SUBCONTRACTOR
1. As a part of this narrative description, highlight portions considered most relevant to the current acquisition; addressing how and to what extent the proposed effort relates to the program identified in B. above. Completion of the relevancy grid as identified in paragraph N. below will supplement the data provided in response to this paragraph.
 2. This paragraph shall also include details to support the offeror's record for on time delivery, technical quality and cost control for this effort identified in paragraph B. above.

PLEASE NOTE: The Government is not bound by the offeror's opinion of relevancy. The Government will perform an independent assessment of relevancy of the data provided or obtained.

- G. PERIOD OF PERFORMANCE:
1. Original schedule and current schedule:
 2. Estimate @ completion:
 3. How many times changed and primary causes of changes:

H. PRIMARY POINTS OF CONTACT: (The offeror is responsible for exerting its **best efforts** to ensure that current information is provided for all individuals.)

| Name and Office Symbol | Phone Number | FAX Number |
|---------------------------------------|--------------|------------|
| 1. Procuring Contracting Officer | DSN & Comm | DSN & Comm |
| 2. Program Manager | DSN & Comm | DSN & Comm |
| 3. Administrative Contracting Officer | DSN & Comm | DSN & Comm |
| 4. Other (Please Specify) | DSN & Comm | DSN & Comm |

I. Specify, by name, key individual(s) who will participate in the proposed effort under this acquisition who also participated in the program identified in B. above, and indicate their contract role. Describe how participation of these key personnel contributed to the success of the previous effort and how this indicates probability of success on the proposed effort.

J. Use this space to address any aspect about this program considered unique. Describe quality awards or certifications that indicate the offeror possesses a high-quality process for developing and producing the product/service required.

K. Summarize contract issues relative to the number and severity of quality deficiencies recorded/contract discrepancy reports issued, cure notices, show cause letters, termination for default or cause, disputes, claims, latent defects; and, corrective actions taken for the contract listed in paragraph B. above.

L. Additionally, for those efforts where the offeror is cognizant of unfavorable and/or marginal past performance ratings/reports previously assessed by customers or clients, but feel that significant progress has been made but not yet credited or formally documented, provide the program name, contract number, customer location and a narrative explaining "fixes" made to date, or any other information regarding the unfavorable/marginal assessment. This narrative portion is limited to one (1) additional page beyond the FACTS sheet required page limitation. It is not presumed that the offeror's performance has been perfect. Rather, the proposal should contain evidence of the offeror's ability to isolate the root causes of problems and should describe programs or actions taken to resolve those causes. Demonstrated corrective actions (not just planned or promised), and the overall work record will be considered. Problems not addressed by the offeror, but found by the Government during the evaluation of the information in this volume, will be assumed to still exist. Note: In the case of Contractor Performance Assessment Report System (CPARS), if your input has already been provided and the rationale/ circumstances have not changed, DO NOT repeat them here.

M. Was this contract effort (as identified in paragraph B. above) submitted as a past performance source of data for a previous WR-ALC procurement. Yes ☐ No ☐. If yes, identify the buyer and/or contracting officer, their phone number and office symbol and solicitation number of the procurement for which this effort was submitted.

N. Complete the following regarding relevancy of the effort identified in paragraph B. to the proposed effort. This information is limited to two pages beyond the page limitation of the FACTS sheet information.

| Category | Example | Fill-in for the Proposed Effort | Fill-in for the Effort Identified in para. B above |
|---|--|---------------------------------|--|
| 1. Nature of Business Area(s) Involved | Development, production, repair, services | | |
| 2. Required Levels of Technology | State of the Art, COTS, Modified component | | |
| 3. Materials and Production Processes | Forgings, weldings, etc. | | |
| 4. Performance Location | Facility 1: address/prototype Facility 2: production | | |
| 5. Contract Type(s) | FFP, T&M, CPFF | | |
| 6. Quantities produced, # repaired or other quantitative data | | | |
| 7. Program Similarity | | | |
| 8. Program Complexity | | | |
| 9. Program Phase | Design, development, production | | |
| 10. Extent of subcontractor involvement | Prototype, production, specific assembly/role | | |
| 11. Other | | | |

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ATTACHMENT 2

NOTE TO OFFERORS: This procurement could be similar to commercial supplies/services. Therefore, to assist the Government's Performance Risk Assessment Group (PRAG) in assessing your present and past performance on relevant commercial contracts, the following letter must be sent to your points of contact (POCs) for those commercial efforts that you identify to us in your past performance volume. Should you propose to use critical subcontractors, teaming contractors, and/or joint venture partners, you must obtain a similar client authorization letter from each entity. HOWEVER, it is your sole responsibility, as the offeror, to then send out these authorization letters (*with the questionnaires*) to your own POCs and to those of your subcontractors, teaming contractors, or joint venture partners and include a copy in your past performance volume.

SOURCE SELECTION INFORMATION - See FAR 3.104
SOURCE SELECTION SENSITIVE - FOR OFFICIAL USE ONLY

**Client Authorization Letter
(TO BE ACCOMPLISHED BY OFFEROR)**

Dear (Client):

We are currently responding to the Department of the Air Force (AF), Robins Air Force Base (RAFB), Request For Proposal (RFP) F09603-01-R-70306 for the procurement of the Redesign, Testing and Production of the A/S32P-23 Crash Fire Rescue Truck Hub Assembly.

As you know an offeror's past performance has become an element of increased emphasis in the AF's acquisitions. They are requesting that clients of companies who submit proposals in response to their RFP for the Redesign, Testing and Production of the A/S32P-23 Crash Fire Rescue Truck Hub Assembly Program be contacted, and that their participation in the validation process be requested. We, therefore, respectfully request and hereby authorize you to complete the attached Questionnaire with regards to work we have performed for you, and forward it directly to the Government Point(s) of Contact at the following address:

WR-ALC/LEKSG
ATTN: Debbi Boggero
295 Byron St
Robins AFB, GA 31098-1611
Reference: RFP: F09603-01-R-70306

We have identified Mr./Ms. (Name) of your organization as the point of contact based on their knowledge concerning our work. Your cooperation in this matter is appreciated. Any questions may be directed to: [NAME, PHONE NUMBER, FAX NUMBER FOR THE OFFEROR'S POINT OF CONTACT]

Sincerely,

[OFFEROR'S POINT OF CONTACT]

SOURCE SELECTION INFORMATION - See FAR 3.104
SOURCE SELECTION SENSITIVE - FOR OFFICIAL USE ONLY]

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ATTACHMENT 3

SOURCE SELECTION INFORMATION - See FAR 3.104
SOURCE SELECTION SENSITIVE - FOR OFFICIAL USE ONLY

**Past Performance Questionnaire Tracking Record
[TO BE ACCOMPLISHED BY OFFEROR]**

OFFEROR'S REFERENCES COMPANY/AGENCY NAME:

REFERENCE ADDRESS:

REFERENCE CONTRACT NUMBER/PROGRAM NAME:

| Date Of Action | Type Of Action (E.G., Sent Questionnaire, Follow-Up Call) | Person Contacted/ Phone # | Position Of Person Contacted | Offeror Contact | Status Of Questionnaire |
|----------------|---|---------------------------|------------------------------|-----------------|-------------------------|
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SOURCE SELECTION INFORMATION - See FAR 3.104
FOR OFFICIAL USE ONLY

**Transmittal Letter for Government Sources to Accompany Present/Past Performance Questionnaire
[TO BE COMPLETED BY OFFEROR]**

SOURCE SELECTION INFORMATION - See FAR 3.104 FOR OFFICIAL USE ONLY

MEMORANDUM FOR: [OFFEROR'S POC]

FROM: [OFFEROR'S ADDRESS AND POINT OF CONTACT]

SUBJECT: Present/Past Performance Questionnaire for Contract(s) _____.

1. We are currently responding to the Department of the Air Force (AF), Robins Air Force Base (RAFB), Request For Proposal (RFP) F09603-01-R-70306, for the procurement of the Redesign, Testing and Production of the A/S32P-23 Crash Fire Rescue Truck Hub Assembly.. This RFP is being conducted as a PPT and specifically requires that we, as an offeror, do the following:

The offeror shall send out -- and track the completion of -- the Present/Past Performance Questionnaire to each of the offeror's, critical subcontractors', teaming contractors' and/or joint venture partners' Points of Contact (POCs). The responsibility to send out and track the completion of the Present/Past Performance Questionnaires rests solely with the offeror - i.e., it shall not be delegated to any subcontractors, teaming contractors, and/or joint venture partners. The completed Present/Past Performance Questionnaire shall be submitted **directly to the Government not later than [OFFEROR FILL-IN RFP CLOSING DATE]**. Each of the offeror's POCs shall **telefax** its completed Present/Past Performance Questionnaire directly to:

WR-ALC/LEKSG
ATTN: Debbi Boggero
295 Byron St
Robins AFB, GA 31098-1611

The RAFB telefax number is (478) 926-7801. **The POCs must call Debbi Boggero at (478) 926-7851 ext 161 or Michelle Wood (478) 926-7851 ext 135 before telefaxing the completed questionnaire(s).** Mailing the questionnaire(s) to the address above is an acceptable alternative method of transmission. If mailing, the outside envelope must be marked as follows:

NOTE: TO BE OPENED BY ADDRESSEE ONLY

SOURCE SELECTION INFORMATION - See FAR 3.104 FOR OFFICIAL USE ONLY

2. We have identified subject contract(s) as relevant to this acquisition and you as our POC. As such, please take a few moments of your time to fill out the attached questionnaire and send it directly back to RAFB. The information contained in the completed Present/Past Performance Questionnaires is considered sensitive and can not be released to us, the offeror. If you have any questions about the acquisition or the attached questionnaire, your questions must be directed back to the Government's points of contact identified above. Thank you for your timely assistance.

Sincerely,

1 [2?] ATCH
Present/Past Performance Questionnaire
[Client Authorization Letter(s), if applicable]

[OFFEROR'S POINT OF CONTACT]

SOURCE SELECTION INFORMATION - See FAR 3.104 FOR OFFICIAL USE ONLY

ATTACHMENT 5

Present/Past Performance Questionnaire

(F09603-01-R-70306)

(This information, when filled in, shall be treated as Source Selection Sensitive IAW FAR 3.104-3 and shall not be disclosed to anyone outside the Government Source Selection Team.)

☺ **PART I: PLEASE COMPLETE THE FOLLOWING GENERAL INFORMATION ABOUT YOUR PROGRAM.** ☺

| | | | |
|---|--|--|--|
| Contractor: _____ | | | |
| Program Title: _____ | | | |
| Contract Number: _____ | Number of years?: <input type="checkbox"/> <<Basic <input type="checkbox"/> << Number of option years | | |
| Contract Types (List all that apply (i.e., FFP, T&M, Cost, etc.): _____ | | | |
| Where are you now: <input type="checkbox"/> <In basic <input type="checkbox"/> << In option period <input type="checkbox"/> <<Which option year? | | | |

PERIOD OF PERFORMANCE:

1. Original Schedule (assuming all options exercised): _____
2. Current Schedule (assuming all options exercised): _____
3. Estimate @ Completion (assuming all options exercised): _____
4. Primary causes of changes: _____

CONTRACT \$ VALUE:

1. Original MAX Contract \$ Value (assuming all options exercised): _____
2. Current MAX \$ Value (assuming all options exercised): _____
3. Estimate @ Completion (assuming all options exercised): _____
4. Primary causes of changes: _____

PLEASE CHECK IF APPLICABLE:

| | | | |
|-----------------------|--|---|------------------------------------|
| PHASES: | <input type="checkbox"/> DESIGN/DEVELOPMENT ? | <input type="checkbox"/> PROTOTYPES ? | <input type="checkbox"/> TESTING ? |
| SPECIFICATION: | <input type="checkbox"/> COMMERCIAL STANDARD ? | <input type="checkbox"/> BUILD-TO-PRINT ? | <input type="checkbox"/> SOW ? |
| | <input type="checkbox"/> GOVT SPECIFICATION ? | | |

Present/Past Performance Questionnaire
(F09603-01-R-70306)

☺☺ **PART II: PLEASE CHECK THE APPROPRIATE RATING FOR EACH OF THE FOLLOWING QUESTIONS:** ☺☺

N/A=NOT APPLICABLE U=UNSATISFACTORY M=MARGINAL S=SATISFACTORY V=VERY GOOD E=EXCEPTIONAL
For any rating other than "N/A" or "Satisfactory," please provide supporting comments in "additional remarks."

| | N/A | U | M | S | V | E |
|--|-----|---|---|---|---|---|
| Facilities: Rating of company's overall facilities: | | | | | | |
| 1. Necessary facilities to meet delivery schedule | | | | | | |
| 2. Adequate security of facility | | | | | | |
| 3. Necessary tooling and support equipment available | | | | | | |
| Management: Rating of company's overall management performance: | | | | | | |
| 4. Adequate number of resources dedicated to the program | | | | | | |
| 5. Adequate parts inventory | | | | | | |
| Production Planning: Rating of company's overall production: | | | | | | |
| 6. DOT certified/skilled personnel as required | | | | | | |
| 7. Subcontract management/surveillance | | | | | | |
| Delivery/Timeliness: Rating of company's overall timeliness: | | | | | | |
| 8. Delivered quality supplies/services and satisfied the customer | | | | | | |
| 9. Completed work on time | | | | | | |
| Other: | | | | | | |
| 10. Company demonstrated positive responsiveness to unscheduled requirements or contract changes | | | | | | |
| 11. Stability within the workforce | | | | | | |
| 12. Prioritized/scheduled work based on changing customer needs | | | | | | |
| 13. Performed independently/without significant customer direction/oversight | | | | | | |
| 14. Proactively addressed problems, controlled risk, successfully managed program | | | | | | |
| 15. Adequacy of technical orders, technical manuals, technical data, and other documentation | | | | | | |

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N/A=NOT APPLICABLE U=UNSATISFACTORY M=MARGINAL S=SATISFACTORY V=VERY GOOD E=EXCEPTIONAL
For any rating other than "N/A" or "Satisfactory," please provide supporting comments in "additional remarks."

[illegible]

- | | | | | |
|---|----------------------|-----|----------------------|----|
| 15. Problems/concerns with company's safety practices or policies? If yes, explain. | <input type="text"/> | Yes | <input type="text"/> | No |
| 16. Do you feel that "you got what you paid for"? | <input type="text"/> | Yes | <input type="text"/> | No |
| 17. Has action been initiated to cancel or terminate for default? If yes, explain: | <input type="text"/> | Yes | <input type="text"/> | No |
| 18. Have there been any disputes/claims relative to the contract? If yes, explain: | <input type="text"/> | Yes | <input type="text"/> | No |
| 19. Given a choice, would you use this contractor again? | <input type="text"/> | Yes | <input type="text"/> | No |
| 20. List any strengths or weaknesses would you use to characterize this company: | | | | |

ADDITIONAL REMARKS (Use additional pages if necessary):

PLEASE FILL IN THE FOLLOWING RESPONDENT INFORMATION:

Name/Signature: _____

Agency: _____

Address: _____

Phone No. _____

FAX No. _____

Your Role Relative To Contract: _____

(ACO, Inspector, Contract Administrator,
Buyer, Quality Assurance Evaluator, Other-explain)

Do you know anyone else who can tell us about this company's performance? Names, phone & fax #s: _____

FAX completed questionnaire to Debbi Boggero, WR-ALC/LEKSG, at (478) 926-7801 (DSN: 468-7801).
Please call Ms. Boggero at (478) 926-7851 ext 161 or Ms. Wood at (478) 926-7851 ext 135, before faxing.